

## **IMPORTANT**

**Remember to include your e-mail address when completing your application.**

Providing your e-mail address allows us to notify you via e-mail when we receive your application and when we issue your license. These e-mails will contain useful information on how to check the status of your application and how to verify licensure.

Some of our forms have not yet been modified to include e-mail addresses. If the attached form does not include an area in which to enter your e-mail address, or if you need more room, please write your e-mail address on the line below and attach this page to the front of your application. Thank you.

**E-Mail:** \_\_\_\_\_



## GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES

Professional Licensing Boards Division  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
Telephone: (478) 207-2440  
Fax: (478) 207-1660  
Web Site: [www.sos.georgia.gov/plb/lpn](http://www.sos.georgia.gov/plb/lpn)

### Information Sheet for Licensure by RE-EXAM Licensed Practical Nursing

#### GENERAL INFORMATION

**\*\*\* WHEN MAILING APPLICATION TO BOARD OFFICE, PLEASE MAIL IN A 9X12 ENVELOPE & DO NOT STAPLE OR FOLD APPLICATION.\*\*\***

The following instructions are provided to assist you in completing your application for licensure by re-exam (NCLEX). Read all instructions carefully and respond to each question on your application. A question that is not applicable should be responded to as N/A. For assistance, phone (478) 207-2440.

You are responsible for ensuring that all information required to apply for licensure by examination is received by Georgia Board of Examiners of Licensed Practical Nurses (the "Board"). Assistance with the application process by any third party will in no way lessen your responsibility. Failure to follow procedures may delay your eligibility to take the NCLEX-PN (National Council Licensure Examination for Licensed Practical Nurses).

#### APPLICATION INSTRUCTIONS

**Legal Name:** The name on the application submitted to the Georgia Board of Examiners of Licensed Practical Nurses must be the same as the name submitted to the testing service on your NCLEX examination registration form. If the name is not the same on all forms, please provide the Board with the necessary legal documentation. **The picture identification that you will present at the test center must match the name on your licensure application.**

**U.S. Social Security Number:** This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §§19-11-1 et seq. and O.C.G.A. §§20-3-295 et seq., 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

**Board Disciplinary Actions/Legal Convictions:** If you respond "yes" to the legal/discipline question(s), include certified copies in an envelope sealed by the appropriate court or agency with your application. Be sure to include a notarized detailed explanation of each offense with the application.

**NOTE: Re-exam writers need not resubmit any documents or letters previously submitted for review. Any new information or documentation should be submitted to the Board.**

**Verification of Completion of Education:** Must be completed and submitted to the Board by a designated official of your practical nursing program.

**Email Address:** Email is the primary means to communicate application deficiencies and resolve issues with your application. It is your responsibility to update your email address with the Board office. You may process these changes at [www.sos.ga.gov/plb](http://www.sos.ga.gov/plb). Your email address will not be shared with third parties.

## APPLICATION

A complete application includes the license fee of \$40.00 **non-refundable** (certified check, cashier's check or money order) and a verification of completion of education.

## FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK

Criminal background checks are required by O.C.G.A. § 43-26-7 for each application submitted. Refer to the Georgia Board of Examiners of Licensed Practical Nurses website at [www.sos.ga.gov/plb/rn](http://www.sos.ga.gov/plb/rn) under "Download Forms" for "Instructions for Applicants in the State of Georgia to Obtain Fingerprints for a Background Check" and "Instructions for Out of State Applicants to Obtain Fingerprints for a Background Check." Both in state and out of state applicants must register with Cogent Systems and follow the guidelines found at their website at [www.ga.cogentid.com](http://www.ga.cogentid.com).  
**\*DISCLAIMER: The Georgia Board of Examiners of Licensed Practical Nurses is not responsible for unacceptable or rejected fingerprints submitted; it is the vendor's responsibility to provide acceptable fingerprints.**

## DISABILITY

If you have a disability and may require an accommodation, refer to the Board's website at [www.sos.ga.gov/plb/lpn](http://www.sos.ga.gov/plb/lpn) under "Download Forms" to obtain the REQUEST FOR DISABILITY ACCOMMODATION GUIDELINES. Please be aware that this request may extend the application process for an additional 40-60 days to obtain the necessary approvals.

## ADDRESS CHANGES

Please notify the Board office immediately, in writing, of any address and/or name change. Notify us immediately in writing if you have an address change or name change. The name change requires submission of appropriate legal documents. Address changes may also be made via the website [www.sos.georgia.gov/plb](http://www.sos.georgia.gov/plb).

## TEMPORARY PERMITS

**NOTE:** No temporary permits are issued for graduates. Following graduation, you must not engage in any "licensed" activities or work in any position that requires LPN licensure. Orientation for any position that requires LPN licensure **must not begin** until you have received your LPN license.

## NCLEX-PN REGISTRATION

Register and pay the examination fee to the testing service, when you submit your application to the Board office. You can link to the Candidate Bulletin at [www.ncsbn.org](http://www.ncsbn.org). You can register with the testing service online at [www.pearsonvue.com/nclex](http://www.pearsonvue.com/nclex). Your application review process eligibility for test status will be delayed if you have not registered with the testing center when your application is initially reviewed by the board staff. Entering the correct school code is critical, do not leave blank or enter the wrong code for your educational program. **NOTE:** A school with more than one type of LPN educational program may have more than one code so carefully select the correct code from the candidate bulletin.

## EXAMINATION RESULTS

Only failed examination results will only be mailed to your address on score report. **NO EXAMINATION RESULTS WILL BE GIVEN BY TELEPHONE.** Failed score results will be mailed approximately (1) one month after the examination.

## DISCIPLINARY REVIEW

Your application is subject to Board review if you answered “yes” to any legal/discipline question. Your application is not complete until a certified copy of the final disposition and a detailed letter of explanation regarding legal/disciplinary issue(s) is received.

## TO RE-APPLY

If you do not pass the NCLEX-LPN, you may download another re-exam application at [www.sos.georgia.gov/plb/lpn](http://www.sos.georgia.gov/plb/lpn) or contact the Georgia Board of Examiners of Licensed Practical Nurses at (478) 207-2440 for a new re-exam application.

## TIME LIMIT ON PASSING NCLEX-RN

You must pass the NCLEX-LPN within a five (5) year period from the date of your graduation or from your date of eligibility. For further information, contact the Board office.

## LICENSURE

When you pass the NCLEX-LPN and are approved for licensure, you will be issued a wallet-sized pocket card/license. The license will display your permanent Georgia registration number that is preceded by the letters “LPN”. This number must be used on all correspondence addressed to the Board and will not change during one's lifetime.

## RENEWAL

Upon receipt of your original pocket card, **note the expiration date. THE BOARD WILL NOT MAIL RENEWAL NOTICES.** It is your responsibility to renew your license on or prior to your expiration date. **Paper renewals will only be available by request.** If you need a paper renewal, you may contact the Georgia Board of Licensed Practical Nursing at (478) 207-2440.

FOR BOARD USE ONLY	
Amount Submitted	_____
Date	_____
Receipt #	_____



FOR BOARD USE ONLY	
Certificate Number	_____
Date Issued	_____
Applicant No.	_____

## GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES

237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440

[www.sos.georgia.gov/plb/lpn](http://www.sos.georgia.gov/plb/lpn)

### APPLICATION FOR LICENSURE – RE-EXAM LICENSED PRACTICAL NURSE

Application Fee: \$40.00 (non-refundable)

Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. § 16-9-20.

#### PART I- PERSONAL INFORMATION

##### 1. NAME

NAME APPLICATION FILED UNDER

LAST FIRST MIDDLE MAIDEN

##### 2. NAME

(PRESENT NAME) LAST FIRST MIDDLE MAIDEN

##### 3. SOCIAL SECURITY NO.

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

##### DATE OF BIRTH

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

(THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§ 19-11-1 & 20-3-295, 42 U.S.C.A §§551, 20 & 101)

##### 4. ADDRESS

PHYSICAL/HOME MAILING ADDRESS (Post Office Boxes NOT accepted)

APT #

CITY

STATE

ZIP

\*Pursuant to O.C.G.A. §43-1-2 (k) your name, mailing address and license number are public information and will appear on the Secretary of State's website.

##### 5. ADDRESS

MAILING ADDRESS IF DIFFERENT THAN ABOVE

Apt #

CITY

STATE

ZIP

##### 6. DAYTIME PHONE

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

##### OTHER PHONE

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**7. APPLICANT AFFIDAVIT:** I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of \_\_\_\_\_, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on page \_\_\_\_ of the application.**
- 2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of \_\_\_\_\_ and/or criminal prosecution.

**8. E-MAIL ADDRESS:** \_\_\_\_\_

## PART II – PROFESSIONAL BACKGROUND

9. Did you graduate from High School? ☐ Yes ☐ No  
If no, do you have a GED or other high school equivalency certificate? ☐ Yes ☐ No

10. Have you taken the PN licensing examination in Georgia or any other state? ☐ Yes ☐ No

If yes, which State? \_\_\_\_\_ When? \_\_\_\_\_

If you answer yes to questions 12 through 15, and there are not any additional charges or changes in status of case, the final disposition and letter of explanation are not required for re-examination. However, if there have been any additional occurrences since the last exam date, you must provide a letter of explanation, submit a certified copy of the action taken against your license with relevant supporting documents to the Board and certified copies of the final court disposition.

11. Has any other licensing board or agency in Georgia or any other state ever:
- a. denied your license application, renewal, or reinstatement? ☐ Yes ☐ No
  - b. revoked, suspended, restricted, or probated your license? ☐ Yes ☐ No
  - c. reprimanded, fined, disciplined, requested or accepted surrender of your license? ☐ Yes ☐ No

12. Have you failed to renew a license, certification or registration during an investigation against you by a licensing board or other agency? ☐ Yes ☐ No

13. Is there any disciplinary action or investigation pending against you by any licensing board, agency, or national certifying organization? ☐ Yes ☐ No

14. Have you ever been **arrested** or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). **NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.**

☐ Yes ☐ No

## **AFFIDAVIT**

I hereby authorize the Georgia Board of Examiners of Licensed Practical Nurses to receive any criminal history record pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia or any other state or territory. Under penalties of perjury, I declare and affirm that I am in good physical and mental health with no finding that should prohibit me from the performance of nursing duties and that the statements made in the foregoing application are true, complete and correct. I understand that any false or misleading information in, or in connection with my application, may be cause for denial or loss of licensure.

**Signature of Applicant** \_\_\_\_\_

**Sworn to and subscribed before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_.

**State of** \_\_\_\_\_ **County of** \_\_\_\_\_

**Notary Public** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_

(seal)



**OFFICE OF SECRETARY OF STATE  
PROFESSIONAL LICENSING BOARDS DIVISION  
GEORGIA STATE BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES  
237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440**

**CONSENT FORM**

I hereby authorize the Georgia State Board of Examiners of Licensed Practical Nurses ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Physical Address (P.O. Boxes NOT Accepted)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

**One of the following must be checked:**

- ☐ This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.
- ☐ I, \_\_\_\_\_ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Special licensure provisions (check if applicable):

- \_\_\_\_ Working with mentally disabled  
\_\_\_\_ Working with elder care  
\_\_\_\_ Working with children



## DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

### **Secure and Verifiable Documents Under O.C.G.A. § 50-36-2**

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

\_\_\_\_\_ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR §274a.2]

\_\_\_\_\_A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS)(Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)